

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90027 050 ****61.25



DOCUMENT # N17348
 1. Entity Name
PEBBLE CREEK HOMEOWNERS ASSOCIATION OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business
**18715 BENT TREE LANE
 TAMPA, FL 33647**

Mailing Address
**C/O UNIVERSITY PROPERTIES, INC.
 7001 TEMPLE TERRACE HWY.
 TEMPLE TERRACE, FL 33637**

40018102



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2754231

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DUARTE, ANTONIO III
 6221 LAND O' LAKES BLVD.
 LAND O' LAKES, FL 34638**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME HEIRES, TANYA J Delete
 STREET ADDRESS 18716 FORREST GLEN CT
 CITY-ST-ZIP TAMPA, FL 33647

TITLE Change Addition
 NAME **SAM e**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 1VP Delete
 NAME CARRICATO, MICHAEL
 STREET ADDRESS 18716 FOREST GLEN CT
 CITY-ST-ZIP TAMPA, FL 33647

TITLE Change Addition
 NAME **D Tully, Doug**
 STREET ADDRESS **9909 Colomnade Dr**
 CITY-ST-ZIP **TAMPA, FL 33647**

TITLE T Delete
 NAME BODART, DEREK
 STREET ADDRESS 19035 WEATHERSTONE DR.
 CITY-ST-ZIP TAMPA, FL 33647

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME GILMORE, BOB
 STREET ADDRESS 18909 EDINBOROUGH
 CITY-ST-ZIP TAMPA, FL 33647

TITLE Change Addition
 NAME **DT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME PRASINOS, GEORGE
 STREET ADDRESS 9428 PEBBLE GLEN AVE
 CITY-ST-ZIP TAMPA, FL 33647

TITLE Change Addition
 NAME **SAM e**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME KLOPPENBURG, PAT
 STREET ADDRESS 9421 PEBBLE GLEN
 CITY-ST-ZIP TAMPA, FL 33647

TITLE Change Addition
 NAME **DVP ELLINGSON, Rocky**
 STREET ADDRESS **9313 Pebble Glen Ave**
 CITY-ST-ZIP **TAMPA, FL 33647**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tanya Heires Date: 1-16-7 Daytime Phone #: 813-980-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR